PTO/SB/08A				Compl te if Known	
IN	FORMATION	DISC	LOSURE	Application Number	
STATEMENT BY APPLICANT			PLICANT	Filing Date	July 29, 2003
(use as many sheets as necessary)				Confirmation Number	
				First Named Inventor	William R. Lewis
				Group Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket No.	EMER 2625

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	Cite No.1	U.S. Patent Document			
Examiner Initials*		Number	Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document Date of Publication of Cited Document MM-DD-YYYY	
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Examiner Signature Michaell Smelles fe	Date Considered 1/8/04

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

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